Dr. Ameigh Worley
2035 Glenwood Drive, Winter Park, Florida 32792
407.960.2112 (p) | 407.960.7024 (f)
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Authorization for Credit Card Use

All information will remain confidential

Name on Card: ______________________________________

Billing Address ______________________________________

____

Credit Card Type: _______ Visa _______ Mastercard _______ Discover _______ AMEX

Credit Card Number: ______________________________________

Expiration date: ______________

Security Code: ______________ (3 digits located on back of card)

Amount to Charge: $_____________ (USD)

I authorize Alliance Obstetrics & Gynecology Group, LLC to charge the amount listed above to the credit card provided herein. I agree to pay for the medical service in accordance with the issuing bank cardholder agreement.

Print Name: ______________________________________

Signature: ______________________________________

Date: ______________________________________